245.20

Making Referrals

Overview

Introduction

Referrals to other agencies or programs can be made by WIC program personnel.

Objectives of WIC referrals

The objectives of WIC referrals are to:

- Ensure access to ongoing health care services, particularly prenatal care, well child services, and dental services;
- Assist WIC participants with current problems and prevent potential ones by utilizing available resources;
- Encourage positive approaches in working with families through focusing on strengths, promoting wellness, and integrating appropriate resource; and
- Develop and maintain linkages between agencies and health care providers serving WIC participants.

Referral criteria

WIC contractors are encouraged to develop joint referral criteria with community agencies and programs to ensure that appropriate referrals are made, and that appropriate follow-through occurs.

Participant vs family referral

Standard practice should be to complete a referral for an individual participant but a family referral may be completed. A family referral should only be completed when the entire family has the same need for assistance.

In this policy

This policy contains the following topics.

Topic	See Page
Overview of the Referral Process	2
When to Make a Verbal Referral	3
When to Make a Written Referral	4
Completing the Release of Information	5

245.20 2/1/16

Overview of the Referral Process

Introduction

The stages to making a referral include:

- Knowing the community resources,
- Engaging the participant,
- Obtaining authorization to contact a referral resource,
- Making an appointment, and
- Encouraging follow-through.

Knowing the community resources

To make referrals which best serve the particular needs of the participant, you must be familiar with community resources. Obtain copies of community referral directories or develop an agency referral resource list including:

- Services provided
- Fees or other costs
- Contact name, address and phone
- Hours of business
- How long an appointment takes
- How to make an appointment
- Eligibility requirements, including whether Title XIX clients are accepted
- Special forms or information needed to apply

Data system

An agency can maintain basic contact information in the WIC data system for agencies and programs to which referrals are frequently made. Contact information includes name, address, phone, fax, email, and contact person.

Engaging the participant

The most difficult part of the referral process is approaching the participant about your concerns, especially if you are concerned about alcohol or other drug-related problems. All referrals should be made in private. A good beginning is to affirm any positive behaviors noted during the screening.

<u>Note</u>: The participant's acceptance of a suggested referral is voluntary.

Obtaining a release

If the participant agrees to a written referral, ask the participant to sign the release of information section on the form, Referral From the WIC Program.

Making an appointment

If feasible, offer to make a phone call to schedule an appointment while the participant is still at the WIC clinic or office.

Encouraging follow-through

Encourage all participants to follow-through on the referral as soon as possible.

2/1/16 245.20

When to Make a Verbal Referral

Policy	Verbal referrals are appropriate when the intent is to provide basic information about an agency or program. WIC personnel are encouraged to provide appropriate print materials such as program brochures when such materials are available.
Who can make verbal referrals	Any WIC staff member can make a verbal referral.
Documentation	WIC personnel are strongly encouraged to document verbal referrals in the WIC data system by identifying the general type of referral made.
Follow-up on verbal referrals	Follow-up is encouraged but not required for verbal referrals.

245.20 2/1/16

When to Make a Written Referral

Policy

Written referrals are appropriate if there is an urgent need for care or service or information from the WIC record (including the participant's name) must be shared to substantiate the need for referral.

Who can make written referrals

Written referrals can be made by the WIC Coordinator, registered nurse, nutrition educator, and licensed dietitian.

Documentation

Written referrals must be documented in the WIC data system.

Follow-up on written referrals

When a written referral is made, the staff member making the referral must follow-up on the status of the referral.

<u>For referrals about immediate concerns</u>, the referring staff member is strongly encouraged to call the participant within a few days to see if the referral was completed and needed services obtained.

<u>For referrals of a less urgent nature</u>, the referring staff member can follow up with the participant by phone or at their next scheduled appointment.

Strategies to facilitate follow-up

Each agency should develop a plan to ensure that follow-up is completed.

Examples:

Print a second copy of the referral form and put it in a "tickler file." The tickler files could be organized by WIC personnel who make written referrals, clinics or counties depending on what best meets the agency's needs.

Write alert messages in the WIC data system. Consider confidentiality when writing these messages because they may be seen by any number of people near a WIC computer. Record a message that respects the participant's privacy and clearly communicates the need to follow-up on a referral, such as "Follow-up on referral."

Follow-up communication

If you receive follow-up communication from the agency, program or provider, update the referral follow-up status and the nutrition care plan in the WIC data system as needed. The paper documentation can then be shredded and discarded.

2/1/16 245.20

Completing the Referral From the WIC Program Form

Policy

An authorization must be signed by the WIC participant to release any information, including the participant's name, to another agency, program, or individual.

<u>Note</u>: An authorization is not required to release information to another program in the same agency or to any program named in the document, Your Rights and Responsibilities as a WIC Participant.

Generating a release

The release of information is printed on the form, Referral From the WIC Program. When an organization is selected in the WIC data system, the name and address of the organization will be printed on the form.

A form can also be generated without the name and address if the agency or provider has not yet been added to the contractor's list of referral organizations. In this situation, the WIC staff member making the referral must:

- Manually add the name and address to the form, and
- Identify the type of referral and the specific agency, program or provider in the nutrition care plan.

Data requiring specific authorization for its release

If the referral is related to substance abuse, HIV status, or mental health, the participant must check the box identifying the specific information released and sign the Authorization for Release of Information of the form as well. See policy 245.24A for this form.

Explain the terms of the release

At the time the form is signed, explain these terms to the participant:

- This release only allows WIC to contact the referral resource on the participant's behalf and transmit certain information supplied by the participant to that resource.
- Receipt of WIC benefits does not depend on the participant's consent for referral, nor does failure to sign this form in any way jeopardize program eligibility or participation.
- The participant may revoke the authorization to release this information at any time, but that information, once released, cannot be retrieved.

Form used

See Policy 245.20A for a copy of the form, Referral From the WIC Program.

245.20 2/1/16

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